



STATE OF WEST VIRGINIA
 DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 Bureau for Medical Services
 Office of Pharmacy Services
 350 Capitol Street - Room 251
 Charleston, West Virginia 25301-3706
 Phone: (304) 558-1700 - Fax: (304) 558-1542

Earl Ray Tomblin
 Governor

Karen L. Bowling
 Cabinet Secretary

**WV MEDICAID AGREEMENT WITH
 340b PROVIDER
CERTIFICATION**

I, _____, affiliated with _____ a
 (Name and Title) (Name of Entity)

340b provider pursuant to 340b of Public Law 102-585, the Veteran's Health Care Act of

1992, do declare that _____
 (Pharmacy Name) (Telephone Number)

 (Pharmacy Address) (NPI)

will submit actual acquisition costs to the West Virginia Bureau for Medical Services (Bureau), the Medicaid single state agency, for all drugs purchased at 340b contract pricing and dispensed to West Virginia Medicaid members.

The effective date of this entity's 340b designation is _____.
 (Date)

I acknowledge that this certification must be renewed yearly unless terminated by a thirty (30) day written notice to the Bureau if the pharmacy is no longer participating or entitled to participate in the 340b drug pricing program.

 (Signature) (Date)

 (Title)